

**MEDICAL BOARD OF CALIFORNIA**

LICENSING PROGRAM
 1426 Howe Avenue, Suite 54
 Sacramento, CA 95825-3236
 (916) 263-2382 Fax (916) 263-2567
www.caldocinfo.ca.gov



APPLICATION FOR DUPLICATE CERTIFICATE <i>Please print or type.</i> <i>Illegible applications will be returned.</i>		FOR OFFICE USE ONLY			
Name (first, middle, last):		Fee Paid: _____ Receipt #: _____ Date Cashiered: _____ Cashier's Intl.: _____ Enforcement Approval: _____ Yes _____ No Date _____			
Address of Record: (Current public/mailling address) <i>This is the address that will be displayed on your profile on the Board's Web site. If listing a PO Box, you also must provide a confidential street address.</i>					
Confidential Street Address: Telephone Number: Fax Number (if applicable):		Telephone () Fax ()			
Social Security Number:					
Medical Board of California License/Registration Number:					
Please provide all information requested below.					
Request for Duplicate Certificate: (Check box to left of certificate requested)	<input type="checkbox"/> Duplicate Wall Certificate		<input type="checkbox"/> Duplicate Wallet Certificate		
License Type and Fees: (Check box to left of license type)	<input type="checkbox"/> Physician and Surgeon (\$50 each certificate)		<input type="checkbox"/> Midwife (\$25 each certificate)		<input type="checkbox"/> Spectacle Lens Dispenser (\$25 each certificate)
For all licensees and registrants except RDO - only one Wall and one Wallet Certificate may be issued.	<input type="checkbox"/> Contact Lens Dispenser (\$25 each certificate)		<input type="checkbox"/> Registered Dispensing Optician (\$25 each certificate)		
	<input type="checkbox"/> Non-Resident Contact Lens Seller (\$25 each certificate)				
Check all that apply:	<input type="checkbox"/> Lost		<input type="checkbox"/> Stolen		<input type="checkbox"/> Mutilated
	<input type="checkbox"/> Destroyed		<input type="checkbox"/> Name Change		<input type="checkbox"/> Address Change
	<input type="checkbox"/> Reinstatement of a revoked certificate (physician and surgeon wall certificate only)				
If you indicated lost, stolen, mutilated or destroyed, an explanation of the circumstances is required below. In the event your license was mutilated, or you are requesting a duplicate due to a name or address change, the original certificate(s) must be returned to the Board along with this application. _____ _____					
I certify under penalty of perjury under the laws of the State of California that the information provided in this application, including any supporting documents and photograph of myself, is true and correct and that I am licensed/registered to practice in the State of California. _____ _____					
Applicant's Signature			Date		

BOTH PAGES OF THIS FORM MUST BE COMPLETED.

PHOTOGRAPH

<p>PHOTO AREA</p> <p>PASTE A 2" X 3" PHOTO HERE</p> <p>PHOTO MUST BE RECENT AND MUST BE OF YOUR HEAD AND SHOULDER AREAS ONLY.</p> <p>SCANNED, ALTERED, OR POLAROID PHOTOS ARE NOT ACCEPTABLE.</p> <p>Photo not required for a Registered Dispensing Optician Certificate (Business) or for a Non-Resident Contact Lens Seller (Business)</p>	<p>PHOTO DECLARATION</p> <p>I hereby declare under penalty of perjury under the laws of the State of California that the photo of me attached hereto was taken on or about _____.</p> <p>Applicant's Signature: _____</p>
<p>NOTICE: All items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to identify the licensee and to verify the licensee's identification per Sections 118 and 2432 of the Business and Professions Code. Licensees have the right to review their application subject to the provisions of the Information Practices Act. The Licensing Program Chief is the custodian of records. Information on this application may be transferred to other governmental or law enforcement agencies.</p> <p>Disclosure of your United States social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94.455 (42 USCA 405(c)(2)(c) authorize collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number your application will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.</p>	

NOTARY

This individual, _____, has appeared before me, signed in my presence and is identified as the above individual. Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public Signature

Telephone Number

Address _____

My commission expires _____. **SEAL**